### HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

|   | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )                 |
|---|---|
| NAME (Last, First, Middle)                  | STATE POSITION HELD: (Dept/Div or Board/Commission) |
| [ B #                                       | State Representative, District 30                   |
|   | TERM OF OFFICE (Begin/End):                         |
|   | 11/08/06 / / n/a                                    |
| FOR FACH ITEM EXCEPT ITEM & DISCLOSE INTERE |   |

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

# ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered

| received during  | the preceding calendar year, for services rendered, and the  | nature of the se | ervices rendered.           |
|--|--|------------------|-----------------------------|
| F,SP,DC,JT   | NAME AND ADDRESS OF SOURCE OF INCOME   | AMOUNT           | SERVICES RENDERED           |
| F  | Hawaii State Legislature<br>House of Representatives, Room 436<br>415 South Beretania Street<br>Honolulu, HI 96813 | D                | Office Manager              |
| F  | Hawaii State Legislature<br>House of Representatives, Room 436<br>415 South Beretania Street<br>Honolulu, HI 96813 | В                | State Representative        |
| SP   | Leahi State Hospital<br>3675 Kilauea Ave.<br>Honolulu, HI 96816  | D                | Certified Nursing Assistant |
| [ ]Check here if entry is None [ ]Check here if additional sheets are attached |  |                  |                             |

### ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

| F,SP, BUSINESS NAME AND ADDRESS |                       | NATURE OF BUSINESS | NATURE OF INTEREST  | VALUE OR NO               |
|---------------------------------|-----------------------|--------------------|---------------------|---------------------------|
| DC,JT                           |                       |                    | TO THE OF THE ENEST | VALUE OR NO.<br>OF SHARES |
|                                 |                       |                    |                     |                           |
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| [√]Check                        | here if entry is None |                    | Nhadabaaa 16 a ann  |                           |

[ ]Check here if additional sheets are attached

# ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

| [ ]Chec        | [ ]Check here if entry is None [ ]Check here if additional sheets are attached |                     |  |
|----------------|--|---------------------|--|
| F              | 91-1215 Kamoawa Street<br>Ewa Beach, HI 96706                                  | March 24, 2006      |  |
| F,SP,<br>DC,JT | OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD     | DATE OF<br>TRANSFER |  |
|                | businesses transfer during the disclosure period and the date of transfer.     |                     |  |

#### ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods

| F,SP,   | NAME OF CREDITOR   | ORIGINAL AMOUNT            | AMOUNT                    |
|---------|--|----------------------------|---------------------------|
| DC,JT   |  | OWED                       | OUTSTANDING               |
| F       | Countrywide Funding<br>P.O. Box 10219<br>Van Nuys, CA 91410-0219 | G                          | None - due to<br>transfer |
| F       | Sallie Mae<br>11600 Sallie Mae Drive<br>Reston, Virginia 20193   | С                          | None - Paid in<br>full    |
| [ ]Chec | k here if entry is None  | [ ]Check here if additions | il Sheets are attached    |

### ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

| F,SP, | NAME AND ADDRESS OF BUSINESS | TITLE HELD | TEDUCATOR      |                     |
|-------|------------------------------|------------|----------------|---------------------|
| DC,JT |                              | I THE NELD | TERM OF OFFICE | ANNUAL COMPENSATION |
|       |                              |            |                | COMPENSATION        |
|       |                              |            |                |                     |
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|       | here if entry is None        |            |                |                     |

[ ]Check here if entry is None

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### ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children

| [ ]Check here if entry is None |  |   |       |
|--------------------------------|--|---|-------|
| F                              | Orleans Square<br>Unit B-26<br>Las Vegas, NV 89127 |   | D     |
| JT                             | 91-1215 Kamoawa Street<br>Ewa Beach, HI 96706      | 9-1-076-138-0000                                  | Н     |
| F,SP,<br>DC,JT                 | STREET ADDRESS                                     | TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | VALUE |

Check here if additional sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

|                |  |                                       | record commerces stock be listed.                |
|----------------|--|---------------------------------------|--|
| F,SP,<br>DC,JT | STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS) | AMOUNT & NATURE OF CONSIDERATION PAID | NAME OF PERSON<br>RECEIVING THE<br>CONSIDERATION |
|                |  |                                       |  |
|                |  |                                       |  |
|                |  |                                       |  |
|                |  |                                       |  |
|                |  |                                       |  |

[ ] Check here if entry is None

[ ]Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

| [ ]Check here if entry is None [ ]Check here if additional sheets are attached |   |                        |                                 |
|--|---|------------------------|---------------------------------|
|  | Ewa Beach, HI 96706                                       | D, Cash                | Shirley Befitel                 |
| DC,JT<br>F   | NUMBER (IF TAX MAP KEY NUMBER EXISTS) 91-1215 Kamoawa St. | CONSIDERATION RECEIVED | FURNISHING THE<br>CONSIDERATION |
| F,SP,  | STREET ADDRESS AND TAX MAP KEY                            | AMOUNT & NATURE OF     | NAME OF PERSON                  |

# ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

| NAME OF CLIENT              | epresented before courts.                      |
|-----------------------------|--|
|                             | NAME OF STATE AGENCY                           |
|                             |  |
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| Check here if entry is None | [ ]Check here if additional sheets are attache |

# ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a

| F,SP,DC,JT   | NAME AND ADDRESS OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST                 | VALUE              |
|--------------|------------------------------|--------------------|------------------------------------|--------------------|
|              |                              |                    | STATE OF HAWAII<br>E ETHICS CONMIS | .06 DEC 26 Min :28 |
| √]Check here | if entry is None             | [ 10b-44           | nere if additional shee            |                    |

[ ]Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

12-18-06 DATE

FORM D-201 Revised 11/05